



B *TMW 1651*
Docket No. 0575/58040-A-PCT-US/JPW/BJA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jonathan Barasch et al.

Serial No. : 09/980,853 Examiner: J.C. Witz

Filed : March 12, 2002 Group Art Unit: 1651

: A METHOD OF INDUCING FORMATION OF KIDNEY EPITHELIA FROM
MESENCHYMAL PRECURSORS



MAIL STOP ISSUE FEE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: January 4, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	6 -	* 20 =	*** 0 X	\$25	\$50	=	0
Independ- ent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u>				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE \$ 0			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)

A Petition for an Extension of Time, including a fee of
\$ for a Petition for Month(s) Extension of Time

Other (identify):

THE TOTAL FEE DUE IS \$ 0 .

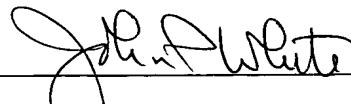
A check in the amount of \$ is enclosed.

Please charge Deposit Account No. in the amount of
\$.

The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

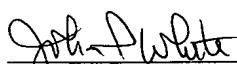
Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



John P. White
Registration No. 28,678
Attorney for Applicants
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

 114106

John P. White	Date
Reg. No. 28,678	